Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD L BINDIN LY, WITH UNFADING INK--THIS IS A PERMA MARGIN RESERVED FOR WRITE PL V. S. No. 1 N. B.-

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
English	Registration Dist. No. 42
Village or City Untow (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWOOD  Temple White Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 9 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH  Aly  28, 1857  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920 that I last saw h & alive on 1920
7 AGE  7 AGE  1 day hrs. or min.?	1
8 OCCUPATION (a) Trade, profession or Af / Home particular kind of work	Elivoure Suyoundelles
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Change Entraction de
10 NAME OF Wartin Biles	(Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Debovald / Ruple  13 BIRTHPLACE OF MOTHER (State or Country)  Perusylvania	1B LENGTH OF RESIDENCE (For lents or Recent Residents)  At place of death yrs ds. ds. State yrs ds. Where was disease contracted,
(Informant) hus Howard T. Biddle	if not at place of death?  Former or usual residence
(Address) Elkton md  (Address) Elkton md  Fileding 10 1931 Dans Megister Register	19 PLACE OF BURIAL OR REMOVAL  LIKtora Carrellary  20 UNDERTAKER  ADDRESS  ELISTOR 201
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1		PLACE OF DEATH						
		ounty Ceril						
		0210						
		age or City Terryille (No.						
	Vil	age or City Jerryull (No.						
	2FULL NAME Still Bitch							
		PERSONAL AND STATISTICAL PARTICULARS						
	3 9	MARRIED, VIA 11 110	6 D					
	1	Wole White OR DIVORCED (Write the word)						
	6 1		7					
		lug 11 , 1931	e					
		(Monch) (Day) (Year) th	net					
	7 4	in Edob vitair at	nd t					
		Still nos on ds. or min.?	he (					
	8	CUPATION						
N	p p	Trade, profession or Atill tom						
		General nature of industry	******					
		ich employed or (employer)						
	9 6	(State or country) Cerryple Md	Co					
		14- Harmon over	igne					
	S	OF FATHER O	w					
	HZ	(State or country) Terrylle md	Vi					
	PAR	OF MOTHER Evelyn Elizateth White	ien					
		3 BIRTHPLACE	t pla					
	1	(State or country) a lucy on Ma	dea here					
	14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	not					
		(Informant) Evelyn 6/30yd us	ual					
	-	(Address) Gerryville, Md	(					
	15	il Mug 11 1931 L. F. Sanders. 20	o U					

### STATE OF MARYLAND CERTIFICATE OF DEATH,

Registration Dist. No.

(If death occurred in a hospit of or institu-....Ward) tion, give its NAME is - stead of street and number.)

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	and	3, 11	<i>'</i>	1931
44	(Mort	h)(	Day)	(Year)
17 I HEREBY C	ERTIFY, The	at I attende	d the de	ceased from
aug. 11	198/. to.	aug	(/	1931.
that I las saw ham.	alive on A	tellan	, aux	6/ 1927/
and that death occurred The CAUSE OF DEATH	a on the date	stated abo	ve, at K.R.	1.2.0.9.m.
Trema	1	12	+1	
Trenda	nue	1 ca	in	
***************************************		************		
	(Duration)	)vr	• m	09da.
	Duration	ı/yı	m	nsds.
Contributory Secondary	•••••		•••••	· · · · · · · · · · · · · · · · · · ·
	(Duration	n)yr	sn	osds.
(Signed) X . T.	Mas	mar	15	M. D.
(Signed) J. J. J. Quel 1/th 93/	(1)	(1111	1-1/1	ma
My 11-1909.	(Address)		vvu	
State the Disc Visiont Causes, state Accidental, Suicidal or	ase Causing (1) Means Homicidal.	Death, of Injury	and (2)	hs from Whether
IB LENGTH OF RESI	DENCE (For	Hospitals,	Instituti	ons, Trans-
ients or Recent Resid	dents)			
At place of death yrsmos	ds.	In the State	yrs	mosds.
Where was disease contractif not at place of dea.h?	ted,			************
Former or				

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every it

N. B.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Duy nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile factory. The inaterial Luberer-Coal mine, etc. Wom-The ques-Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospina to time and enusation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronehopneumonia Typhoid fever never report "Typhoid Pneumonia") ("Pneumonia,

> "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Careinomu, Surcona, etc., of telchus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify al (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping cough; approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Corna," "Convulsions, interstitial nephritis, Chronic etc. valvular heart disease; The contributory

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a l qu stions

Every item CIANS shot statement o

d 20

PLAC County	e of Death		09368 STATE OF	MARYLAND TE OF DEATH
County		ue ues so to translatigi	<b>A</b>	n Dist. No. 91
	ULL NAME		Brown	/26 3 - pal 3 to
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Qug.	26 , 19231 (Day) (Year)
6 DATE OF BI	RTH		17 I HEREBY CERTIFY, That I	
	(Month	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	that I last saw halive on	
7 AGE OCCUPATIO (a) Trade, p		e leute day hrs. mos. ds. or min.?		
particular ki (b) General business, or which emplo	nd of work nature of industry establishment in oyed or (employer)		Contributory Secondary	утвds.
LI -	OF Minian PLACE HER or country) Chell	C. Brown.	(Signed) U. H. W. C.	th, or, in deaths frem Injury and (2) Whether
	PLACE THER Clanes THER TO COUNTRY) COUNTRY)		of death yrs	the Stateds.
	IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of dea h?	
(Informar	dress)		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Promonent of the	to 2 1921 /	3 Haward Brown	20 UNDERTAKER	. ADDRESS

### STATE OF MARYLAND CERTIFICATE OF DEATH

### (Month) (Day) (Year).... CERTIFY, That I attended the deceased from alive on ....., 192....., ed on the date stated above, at ...... \* was as follows: (Duration) .. case Causing Death, or, in deaths from the (1) Means of Injury and (2) Whether

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. Farmer or Planter, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Serront, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, or given up on account of the DISEASE CAUSING DEATH, Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Laborer-Coal mine, etc. (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospipal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchapneumonia ("Pneumonia,"

(secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonoeum, etc., Carcinoma, Sorcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, etc. Whooping (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart Nomenclature The contributory diseose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

mation should be carefully supplied. AGE should be stated ENACTLY.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

Every item of infor-PHYSICIANS should state

ORD.

of OCCUPA.

Exact statement

properly classified.

be Jo

certificate.

See instructions on back

STATE OF MARYI AND—CERTIFICATE OF DEATH

6	0	9	6	0
()	J	0	U	4.7

1. PLACE O	F DEATH	JI WAN	ILAND	——————————————————————————————————————	
County	Cecil		- Hurbury	Registration Dist. No.	
	City <b>PerryP</b>		(1)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  3. 20 ds. How long in U.S. if of foreign birth?	
2. FULL NA		muel Capl 8th Stre		Washingtonward. C.	
BEBSON		(Usual place	of abode)	If nonresident give city or town and State	
3. SEX	AL AND STATIST	-		MEDICAL CERTIFICATE OF DEATH	
Male	White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  August 23  (Month) (Day) 193 193  (Year)	
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended doceased from August 4 19 31 to August 23 19 31	
6. DATE OF BIRTH	(month, day, and year)			Hast saw h. im alive on August 23, 19 31; death is said	
7. AGE Ye	Months 32	Days	If LESS than I day, hrs. or min.	to have occurred on the date stated above, at 5 \$ 55 _ and M o  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
triand and	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	Lawyer		Acute nephritis Unknown	
9 Industry or	business in which os done, as SILK MILL, LL, BANK, etc				
10. Date decease	10. Date deceased lest worked at this occupation (month end spant in this year)		nt in this		
	ity or town) Balt	imore, Md.		Other Contributory Causes of Importance:	
				2. Dementia Precox	
I 14. BIRTHPLAC	Unknown  E (city or town) Rustrountry)	saia		Name of operation Date of Was there an autopsy? No	
15. MAIDEN NA	AME Ida (?)			23. If death was due to externel causes (VIOLENCE) fill in also the following:	
	E (city or town) Rus :	s ia		Accident, suicide, or homicide?	
17. INFORMANT (Address)		ecords		Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL				Menner of injury	
Plece	ashington, D.	C. Date Aug	.23, 19.31	Neture of injury	
19. UNDERTAKER (Address)	Madre	ion for	Whehel	Was disease or Injury in any wey related to occupation of deceased?No	
20. FILED 8=23	-31 Z. F	Jan	ders	(Signed) + E Parling M. D.	
	If more	blanks are needed,	address State Registrar,	(Address) Medical Officer In Charge. 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

-WRITE PLAINE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. [Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, risphyxia; asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
W1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V.S.	51		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

nfor- state JPA-		CERTIFICATE OF DEATH	0	
-74	1. PLACE OF DEATH	(92,0)	U	
CERS	CountyCecil	Registration Dist. No. 95		
item of should of OCC	Village or City Pilet	NoSt.,	Ward	
> 00 m		ds. How long in U.S. if of foreign birth?yrsmos		
RD. Every YSICIANS statement	2. FULL NAME Samuel W. Caro			
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
E H CO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ar-powersons.	
T. Exa	3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Care 3 193	/	
TDING MANEN ACTI assifted.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth a. Carr.	22.   I HEREBY CERTIFY. That I attended decease	Year) sed from	
FOR BINDI	6. DATE OF BIRTH (month, Jay, and year) Max. 22. 1854 7. AGE Yeers Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, at C. 30 Ffm.	th Is seid	
	8. Trede, profession, or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	e ol onset	
K—T hould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Endocardelis 6-	1-30	
RESING IN AGE STATE IT THAT IT ONS ON	10. Date decessed lest worked et this occupation (month and year)			
IN DIN	12. BIRTHPLACE (city or town) Pilote md. (State or country)	Other Contributory Causes of Importence:		
MARGI UNFA supplied n terms, ee instri	1 - 20	Durone trouclulis 1-	1-1920	
Sup s	W. + C. MI	Neme of operation Date of		
	E 15. MAIDEN NAME Quelin C ZUELL	What test confirmed diagnosis?	11.150.	
car CH orts	15. MAIDEN NAME Julia G. Webb  16. BIRTHPLACE (city of town) Sancasta Co (Stete er country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?, 1  Where did injury occur?, 1	19	
should be OF DEAT	17. INFORMANT - Cuquestus H. Carr. (Address) Conowings, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	18. BURIAL, CREMATION, OR REMOVAL LOOL DELLE GUES 6, 1931	Menner of Injury		
No. 1 B.—WRIT mation CAUSI TION i	19. UNDERTAKED C. Jyson (Address) Russia Lun. And	24. Was disease or injury in eny wey related to occupation of deceased?		
vi 2	20. FILES - 3 ON Worldyn' g fon Registrar.	(Signed) (Address) talking toy, rus	M. D.	
6	Persont issue If more blank are night, address star Recipar	14.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servint—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite term; as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death-and-related causes of importance were as follows:  Arteriosclerosis	1 1	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
22740140001010000	1010		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			2:11
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
And the second s	J		1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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69371 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

MEDICAL CERTIFICATE OF DEATH

(Mouth) (Day) I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above

(Duration)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the yrs.....ds. State yrs mes ds.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

No.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perstonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, 'etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee Chronic valvular on etc. Nomenclature The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMAN WRITE PL

V. S. No. 1

PLACE OF DEATH ,	09372 STATE OF MARYLAND
County Reel	G3C CERTIFICATE OF DEATH
70. 1/2	Registration Dist. No. 9227
Village or City Tackteel (No.	St: Ward) (If death occurred i
2 FULL NAME Jacob Ebern	tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, WIDOWED, CONCEL (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH  See 19, 1854  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE  16 yrs. 7 mos. 2 ds. or min.?	and that death occurred on the date stated above, at me The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Pelexied particular kind of work	The state of the s
(b) General nature of industry business, or establishment in	1
which employed or (employer)	(Duration)ds
9 BIRTHPLACE (State or country) Lequidous	Contributory Secondary  Duration  VIII 1990 de
10 NAME OF PO Sufomation	(Signed) Jan Jan M. D
OF FATHER (State or country) no Sufernoliene	*State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER no Suformation	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  M Sufernusleon	At place In the of deathyrsmosds, Stateyrsmosds  Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usuai residence.
(Address) Mila Ba,	Sharps true Etery aug 15, 1931
Filed HG 13 19231 A Showin Source Registrar	and Wirmathy Estone May
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from to report specifically the occupations of persons enen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traintelanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	\$19373 STATE OF MARYLAND
County Reed	CERTIFICATE OF DEATH
14.	Registration Dist. No. 92
Village or City Dlate (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Urraced 6	tion give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeursle Colite Single, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Queguet 75, 1921
6 DATE OF BIRTH  aug 34, 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to Cup 4, 1931 that I last saw her alive on Surg 74, 1931
(Month) (Dsy) (Year)	
yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or	(6/2 months)
particular kind of work (b) General nature of industry	(6pm
business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds,
9 BIRTHPLACE (State or country) Wory land	Contributory Secondary
10 NAME OF CUEIL Ego wie	(Signed) 6 HSEVROY M. D.
OF FATHER Z (State or country)  Novey loved	*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury and (2) Whather
12 MAIDEN NAME & dua Mosel	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Clark Lewing	Former or usual residence
(Address) Childs Mrd. 7D,	Hore Dresby trois well ling 26 1931
Filed Aug 25 19231 France Frank	P. J. Chemather Contro Mela
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the Dispense EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

Journal

B.—WRITE PLAINE

ż

V. S. No. 1

-WRITE PLAINET, WITH UNFADING INK-THIS IS A PERMANENT R. ORE. Every item of infor-	maxion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
NK-THIS IS A PERMAN	should be stated EXAC	it may be properly classi	ions on back of certificate.
, WITH UNFADING I	arefully supplied. AGE	I in plain terms, so that	TION is very important. See instructions on back of certificate.
-WRITE PLAINE	mation should be ca	CAUSE OF DEATH	TION is very impor

		E OF	MAR	YLAND-	CERTIFICATE OF DEATH 693	74
1. PLACE O	F DEATH Cecil				23	1
County					Registration Dist. No. 96	
Length of res		where deat	h occurred	(1	Point, Md. St.,  f death occurred in a hospital or institution, give its NAME instead of street and r  s. 14 ds. How long in U.S. If of foreign birth?	Ward
				N.W. Wa	ashington, word.  If nonresident give city or town and	State
PERSON	NAL AND STA	TISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RA		SINGLE, MAR OR DIVORCEI	RIED, WIDOWED,	21. DATE OF DEATH  August 18 (Month) (Day)	, 193 <b>1.</b> (Year)
5a. If marriad, wido HUSBAND of (or) WIFE of	Unknows	1			22.   HEREBY CERTIFY, That   attended April 4 , 1931 , to August 18	deceesed from
6. DATE OF BIRTH	(month, day, end yea	) Aug	gust 7,	1869.	last saw h. im elive on August 18	adeeth Is sale
	62 Mo	nths	Days	If LESS than I day, hrs. ormin.	to have occurred on the date stated above, at 5 : 15 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
SAWYER	ession, or particular work done, as SPINI R, BOOKKEEPER, etc.	ER,	Juni	c business	Tuberculosis, Pulmonary, chronio, advanced, active	Unknow
9. Industry or work we	business In which as done, as SILK MIL LL, BANK, etc	-,			,	
this occu	sed last worked et upation (month and			ma (years) It in this pation		
12. BIRTHPLACE (c (State or cou		New Yo	ork City	y.•	Other Contributory Canses of importence:  1. Arteriosclerosis, general	Unknow
a 13. NAME	Ame	ust Ge	2020		2. Psychosis with other diseases or conditions. 3. Myocarditis, chroni	Mnk now
	E (city or town)	Unkn			Name of operation Data of	
15. MAIDEN NA	ME LOU	ise K	napp		What test confirmed diegnosis?	
	E (city or town) r country)	Unk	no wn		Accident, sulcide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT (Address)	27	pital Perry	Records Point,	Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMAT	York City		ote Aug.	19 19 31	Menner of injury	
19. UNDERTAKER (Address)	R. Madisor	Mi tel	nell, Ha	vre de	24. Was diseese or injury in any way related to occupation of deceased?	
20. FILED . 5/18	31 , 19	excles.	w. Du	acres de la constante de la co	(Signed) F. E. Leslie, Med. Officer in (Address) Perry Point, Md.	Chare

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation—was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		- Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915,	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage,	11005,1327	Project Ca	3 days ago
	All to		
	1931	6258	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(A) (D) capteritie	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Recel,	09375 CERTIFICATE OF DEATH
O $O$ .	Registration Dist. No. 96
Village or City Levry Tout (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Mary Sleas	tion, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2009 16, 1923/
6 DATE OF BIRTH	17 I HEREBY CERTIFY That Lattended the deceased from
Feb., 10 -, 1879	192/. to (102/
(Month) (Day) (Year)	that I lest saw he alive on
7// / (-  1 dayhr	The CAUSE OF DEATH * was as follows:
yrs. 0 mos. J ds. or min.	
(a) Trade, profession or	Leaveles I fill the
particular kind of work	•
which employed or (employer)	(Duration) moe moe
9 BIRTHPLACE (State or country)	Contributory Schale Cheles Below The Land to be the Cheles
I 10 NAME OF	(Durstion)
FATHER Thomas Isleason	(Signed)
OF FATHER (State or country) Leland.	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MARY MANAGEMENT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tree
13 BIRTHPLACE OF MOTHER	At place In the State YES Mos. ds. State YES Mos.
(State or Country) deland.	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
ma ma to the	if not at place of death?
(Informant) Mrs Martin Blannar	Former or usual residence
(Address) Perry Fourt, rud.	Former or usual residence
(Address) Perry Fourt, rud.	Former or usual residence
(Address) Perry Fourt, rud.  15 Filed aug 17 192/ Le F. Banders Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Pur Puttednifer ang. 19, 19, 2

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V S No. 1

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WRITE PUNLY, ATH UNFADING INK-THIS IS A PERMANNIT ECORT	2	22	statement of OCCUPATION is very important, See instructions on back of certificate.
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	M		
	N. B Every Item of Information should be carefully supplied. ACE chould be stated EXACT		

TECORD Stated EXACTLY, PHYSI- coperly classified. Exact	Village or City Selection (No. Luc  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  Ward)  (if death occurred in a hospital or institution, give its NAME instend of street and number.)  MEDICAL CERTIFICATE OF DEATH
WRITE PUNLY, WITH UNFADING INKTHIS IS A PERMANNINGEvery Item of Information should be carefully supplied. ACE chould be standard should size CAUSE CF DEATH in plain terms so that it may be prestatement of OCCUPATION is very important. See instructions on back of o	A COLOR OR RACE  White  White  White  White  Whowes  OR DIVORCED Stuffs  (Write the word)  (Write the word)  (Write the word)  (Wear)  7 AGE    If LESS than   I day hrs.	(Month) (Day) (Year)  17 I HEREBY ERTIFY, That I attended the deceased from  192/. to
z	If more banks are needed, addre a tate Negistrar	, 18 W. Saratoga St., Baito., Lequesting V. S. ivo. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not raid Housekeepers who receive a er," etc., Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of laborer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e g., Farmer or Flanter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form loborer, Loborer-Coal minc, etc. Wom-(b) Colton mill; (o) Salesmon, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (2)

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosial meningitis"); Diphtheria (avoid use of "Croup"); I y, hold fever (never report "Typhcid Pneumonia"); Lobar freumonia, Bronchopneumonia ("Pneumonia,")

\_carbolic acid - probably suicide. The n.ture of the injury, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Shock," "Shock," Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), st.ted unless important. inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not pe est ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state Every item of infor-

PHYSICIANS

Exact statement of OCCUPA-

properly classified.

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TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may

### CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

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		OF MAR	I LAND	CERTIFICATE OF DEATH	130:
1	. PLACE OF DEATH			0.0	
	County Cecil			Registration Dist. No. 96	
	Village or City Perry  Length of residence in city or town wh	Point, Mary	rland. (li	ND. St.,  [death occurred in a hospital or institution, give its NAME instead of street and n  20 ds. How long in U.S. If of foreign birth?	Ward (wmber) ds.
2	. FULL NAME Edward				
				OPSL, Md . Ward.  If nonresident give city or town and	State
philips	PERSONAL AND STATI	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE Male White		RIED, WIDOWED, D (write the word) WO'T	21. DATE OF DEATH  August 4  (Month) (Day)	, 193 <b>1</b> (Year)
5a.	If married, widowed, or divorced HUSBAND of XXXXVIIIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	x, deceased		22. I HEREBY CERTIFY. That I attended of June 18 , 19 28 , to August 4	
6.	DATE OF BIRTH (month, day, and yeer)	Feb. 17. 1	.866	last saw h_im_elive on August 4 ,19.31	; death is said
7.	AGE Years Months		If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1:00 8 m.	
-	65 5 8. Trade, profession, or particular	18	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Lobar Pneumonia.	Date of onset 7-28-31
OCCUPATION	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and	Coal Bus	siness ime (years) nt in this All		
12.	DIR THE LACE (City of town)	imore	life	Other Contributory Causes of importance:  1. Fatty degeneration of the heart.	Unknow
2	13. NAME IInkno			2. Chronic Interstitial Mephritis. 3. Fatty degeneration of the liver.	Unknow Unknow
FATHER	14. BIRTHPLACE (city or town) (State or country)				
ER	15. MAIDEN NAME Unkr	10Wn		23. If death was due to external causes (ViOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)Ur (State or country)			Accident, suicide, or homicide?	
17.	INFORMANT Hospits (Address) Peri	al records	1.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ICE.
18.	MORIACCREMICONOR REMOVAL	0.5	727	Manner of injury	
	Place Bal timore Md	Date	chill-	Nature of injury	
19	undertaker R. Madi	son Mitchel	1,	24. Was disease or injury in any way related to occupation of deceased?	
		le Grace, M		If so, specify	
20.	FILAUS - 5 19319 Clean	les id moi	CO Registrar	(Signed) Fig. 1 Chg. (Address) Mod in 1 Officer in Chg.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE PLAINLY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 2 1021	1915.	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
province of the religion of the control of the cont	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	1 4 42
	4

CORD. Every item of infor-IARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WI'H UNFADING IMK—THIS IS A PERMANENT Mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF  1. PLACE OF DEATH		<u> </u>
County County	2	Registration Dist. No.
Village or City of Ne	loset	No. St, obeath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death or	courradyrs,mg	ds. How long in U.S. it of foreign birth?yrsmos
2. FULL NAME / ester/	verest. N	ichman
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white	NGLE, MARRIED, WIDOWED, A DIVORCED (purite the word)	21. DATE OF DEATH (Monty) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of		22/ I HEREBY CERTIFY That i attended deceased
(or) WIFE of	0	(une - 75 1931 to aug 21 19
S. DATE OF BIRTH (month, day, and year)	14.17. 1931	Man saw h. 1 walive on Cong 21, 19.31; death i
7. AGE Yaers Months	Days   If LESS then	to have occurred on the deta stated above, at 5 m.
6-	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or perticular	1110 -	0 1
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	000	alleria. In
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc		Congenital debility.
10. Date decaesed last worked et this occupation (month and year)	11. Total time (yeers) spent in this occupation	Gastro-entouties ex & R.
12. BIRTHPLACE (city or town) Porthe (State or country)	Port, MA	Other Contributory Causes of importance:
1 10 1 11	chman	
13. NAME SUL C., 11  14. BIRTHPLACE (city or town) Many (State or country)	land	Name of operation
	Pappain	What tast confirmed diagnosis?
Ya u.a.	in Time CA	23. If deeth was due to axtarnal causes (ViOLENCE) fill in also the following:  Accident, suicida, or homicide?
16. BIRTHPLACE (city) or town) (State or couplry)	a.	Where did injury occur?
17. INFORMANCATEU & Hicke	man.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0. + 011 0	Manner of injury
Place Marin part, Cur, Da	Lug. Ly, 1931	Nature of injury
19. UNDERTAKER PONTY INCHES	tetion.	24. Was disease or injury in any way raleted to occupation of deceased?
20. FILED 8/22/, 193/ di	Pavelers Registrar.	(Signed) Structure (Address) On X Claro 1 Cur

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP O 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage FILE & S.	July 5, 1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PLAINLY,

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(193:3
County Ceces	Registration Dist. No. 972 6
Village or City Ell Mills, Ned.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Linwood Lindell	
(a) Residence: No. R. F. D. Elkton, Mad.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF TRACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 13 1902	
6. DATE OF BIRTH (month, day, and year) 1200 13 1902  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J.4J.P.m.
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Other strong worses of my right Date of onset
kind of work done, as SPINNER, farme taborer	John I dea shot entelline 1/31/31
9. Industry or business in which	chest.
work was done, as SILK MILL, SAW MILL, BANK, etc	Internal hemorrhages.
1D. Date deceased last worked at this occupation (month and 8/31/3/ spant in this cells)	
year) occupation for	Other Coatribatory Caases of importance:
12. BIRTHPLACE (city or town)  (State or country)	Investigation,
	I for new free fre
13. NAME Showas M. Lindell 14. BIRTHPLACE (city or town). New Castle County,	J. Months of Commer
(State or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis? Was there an autopsy?
T	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Rent County	Accident, suicide, or homicide? accident Date of injury 8/31, 193/ Where did injury occur? On farm near Elf mills my
ne achart Com	(Specify city or town, county and State)  Specify whether injury occurred in industry, in HDME, of in PUBLIC PLACE.
17. INFORMANT MISS WITHER Secret	Specify whether injury occurred in Housester, in Home, or in Public Place.
18. BURIAL, CREMATION, DR REMOVAL Place Bathel Carnelly Date Sept 3, 193/	Manner of Injury July May Worked
19. UNDERTAKER THE CO. Pippin (Address), Electon The	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify
20. FILED Sefet 2 , 1931 & Baul Pray	(Signed) Laury Frager 1 M.D. (Address) Sentient Much
If more blanks are needed, address Sine Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I SIVE		Example II	
The principal cause of death and related causes of importance were as follows: 9 P 4 1931  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronie interstitial nephritis	5 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 No. 1

	CO	EXA
BINDING	PERMANET	chould terstated
OR	IS A	ACE
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS IS A PERMANETT COF	louid be carefully supplied. ACE chould be stated EXA

Exact	PLACE OF DEATH County Coul	STATE OF MARYLAND CERTIFICATE OF DEATH
0	90/a- 7	Registration Dist, No.
ly classif ficate.	Village or City Olaton (No. 12	won Hospital Ward)  (If death occurred is a hospital or institution, give its NAME Is stend of street an number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be praok of	Male White Single, Married, Single Wildwed.  White Write the word)	16 DATE OF DEATH Oug 29 - , 199 /
hat it ma	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h imalive on any 2 9 192
rms co ti	7 AGE   If LESS than   I day hrs.   or min.?	1 - / - / 7
See .	(a) Trade, profession or particular kind of work  (b) General nature of industry	Commen carrie
n p	business, or establishment in which employed or (employer)	(Duration) yrs, mos d
M Impor	9 BIRTHPLACE (State or country) (Lenn. a).	Contributory Secondary  Dyfation) 3 yre 4 pps de
CF DE	10 NAME OF FATHER OWEN Lynch	(Signed) ALD Laffmull M. I.
JON IS	OF FATHER  (State or country)  12 MAIDEN NAME W	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT C	of MOTHER Rathain Devul	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Iran ients or Recent Residents)
occu	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
hou nt of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
AMS steme	(Address) 3 v & Coon Ro Peru	Holy Crops Come gradow Seps 2, 193
Sta	15 File Aug 29 1920 ( & Brace & Brace	20 UNDERTAKER 24 WPippin Electoro In
	If more blanks are needed, address trate Registra	r, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

09380

(Approved by U. S. Census : nd American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Collon mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation - Precise statement of oc-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womknow without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material Locomolive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Sinal maningitis"); Diphtheria (avoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

approved by tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Hacmorrhage, "Inanition," "Marasmus," "Old Age," "Shock, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease st.ted unless important. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Y, PHYSI-

	PLACE OF DEATH	09351	STATE OF	MARYLAND
· c	ounty Ceach.	<b>(3)</b>	CERTIFICATE	OF DEATH
	WITHIN GORPOLIA	TE LUMBTE	Registration	Dist. No. 92
Villa	2FULL NAME	Magan	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3 SE	MARRIED, WIDOWED. OR DIVORCED CUIFE (Write the word)	16 DATE OF DEATH	engust .	/> , 193 /
6 DA	Cuguel 15, 1931	any 12 -	192 . to	tended the deceased from
7 AG	(Month) (Day) (Year)  Premuture   If LESS than   I day hrs.   ds.   or min.?	and that death occurre	d on the date stated	d above, at ff m
(a) par (b)	Trade, profession or reticular kind of work  General nature of industry siness, or establishment in	Fremas (SE)	July 31	Seff
9 BI	RTHPLACE (State or country) Maryland.	Contributory Secondary	(Duration)	yıs
	10 NAME OF Seorge Borrelt.	(Signed) / (Signed) / AUG / 3 1931	(Address) I	M.D.
A L	OF FATHER (State or country)	*State the lise Violent Causes, stat Accidental, Suicidal or	ase Causing Death, e (1) Means of Ir Homicidal.	or, in deaths from ajury and (2) Whether
PAR	OF MOTHER Olive Magaw.	100	DENCE (For Hospi	tals, Institutions, Trans
1	OF MOTHER (State or Country)  Maryland	At place of deathyrsmos	cted.	teyramosds
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	former or usual residence	***************************************	00 00 00 00 00 00 00 00 00 00 00 00 00
	(Address) Elektu R.D. &5-	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
15 F	File Dug 1 1/ 1931 & Frances France	PO UNDERTAKER		ADDRESS
-	If more hanks are needed, addre sitate signistra	r. 16 W. Saratoga St., Be	alto., Requesting V.	S. 1.0. 1.

V S No. 1

M .

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housedefinite salary) additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, Statement of Occupation -- Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealeases, especially in industrial employments, it is neces-Physici:n, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The queseupation is very important, so that the relative healththe first line will be sufficient, e g.. Farmer or Flanler, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the priming affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemia cerebrosis in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by (secondar or intercurrent) affection need not be st-ted unless important. Example: Measles (disease lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Com2," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ('E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mere'y symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Committee on Nomenclature of the etc. The contributory

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1931

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No. 1

BINDIN

If more blanks are needed, addrds State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Yaar)

Date of paset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V. S.	1915	Attock of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

All information	TIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN typed in red authorized by new certificate signed by Dr. Cantwell,
	Dr. C. A. Kane of Elkton, filed under CANTWELL and KANE, respectively,
in letter file,	January 8, 1952 - Bureau of Vital Statistics.

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1 MARGIN RESERVED FOR BIN	TED FOR BINDING
WRITE PL ILY, TH UNFADING INKTHIS IS A PERMANET	THIS IS A PERMANIZET CORD
Every Item of Information should be carefully supplied. ACE chould be stated EXACTICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classicated.	mation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
COUPATI	Instructions on back of certificate.
PARENTS & SACO A	Vil
CCUPATION a) Trade, pro- articular kind b) General no c) Salte or eou c) FATHER  10 NAME OF FATHER 11 BIRTHPL OF MOTH (State or THE ABOVE I (Informant)	
ature attable do o o o o o o o o o o o o o o o o o o	L NIAL

PLACE OF DEATH County Coul	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92
Village or City Elpton (No. And 2FULL NAME James M.C. S.	or Hospital: Ward) (If death occurred in a hospital or institution, give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Phile Single, Married OR Divorced (Write the word)	16 DATE OF DEATH Queget 3, 198/
Befruary 2, 1888	17 I HEREBY CERTIFY, That Lattended the deceased from  June 25 131 to ceep 3 , 1931  that I last saw h see alive on Qua 3
(Month) ( (Day) (Year)  7 AGE   If LESS than   day	and that death occurred on the date stated above, at 3.400 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work  Out. Eugineev	fictula following operation
(b) General nature of industry business, or establishment in which employed or (employer) Police Mill  B BIRTHPLACE  Philaplephice	Contributory Strangulated horning
(State or country) Pennsylvania  10 NAME OF James H. M. Juistia	(Signed) Of Morrison M. D.  (Signed) J. (Address) Elklow, Med
OF FATHER  (State or country)  12 Maiden Name  C. Table 12 Maiden Name  (C. Table 12 Maiden Name  (C. Table 13 Maiden Name  (C. Table 14 Maiden Name	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Comma Jong  13 BIRTHPLACE OF MOTHER  OF MOTHER	IB LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunsienta or Recent Residents)  At place of death
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Cleton P. D. of it not at place of dea h?
(Informant) Hospital record	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Sharps, Centry ang 6, 193
Filed 14 1924 July Registras	Joseph R Leaux North East h
If more banks are needed, addre.s : tate Negistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census : nd American Public Health Association.)

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CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. EXACTLY, should be stated BINDING PERMANE CE FOR V IS of information should be carefully supplied. UNFADING INK--THIS RESERVED MARGIN N. B.--Every Item of i

PLACE OF DEATH County	
illage or City Fin Mid (No.	7 6
2FULL NAME Elizabelle J.	1)
PERSONAL AND STATISTICAL PARTICULARS	
J. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
DATE OF BIRTH	17
	ear) the
AGE	
80 yrs. mos. ds. or is	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
BIRTHPLACE (State or country)	
10 NAME OF FATHER LLAS CARTER  11 BIRTHPLACE OF FATHER (State or country)	(Si
of MOTHER Mary Jenny	18
13 BIRTHPLACE OF MOTHER (State or Country)	At of WI
(Informant Marriella M. Rece	if For
(Address) Zim Mul	
6. 1110 1- 311	20

09333 STATE OF MARYLAND

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

Registration Dist. No.

S	t.:	.Ward)	a hospital	oceurred in or institu- ts NAME in- street and
marn	2	***********	number.)	
MEDICAL C	ERTIFIC	ATE O	F DEATH	
6 DATE OF DEATH				
***************************************				198/
17 / I HEREBY CER	(Mont		(Day)	
7/1/	923/. to	A STATE OF THE PARTY OF THE PAR		, 198/
hat I last saw haraliv	e on	7/	3/	, 1928.
and that death occurred or	n the date	stated a	bove, at	7 9 0 7.
The CAUSE OF DEATH *				
LANUVU			f	<i>[]</i>
Jyyu		16		
	(Duration	n)	.yrsn	108ds,
Contributory Secondary				
	Duratio	n)		nos,ds.
Signed /	00	7	Cory	MM D.
5// 1923/ (Ad	dress)	RILA	1900	who
*State the i)isease Violent Causes, state ( Accidental, Suicidal or Hon	1) Means	Death, of inju	or, in deary and (2)	ths from Whether
B LENGTH OF RESIDEN		Hospita	ls, Institut	ions, Trans-
At place		In the		
of deathyrsmos Where was disease contracted,		State.	yrs	mosds,
f not at place of death?		*************		000 x 00 0 0 x 0 7 x 0 70 70 70 0 0 0 0
Former or seudence	· . · · · · · · · · · · · · · · · · · ·			***************************************
9 PLACE OF BURIAL OR	REMOVAL	-	DATE OF	BURIAL
Mosbary	un	4	my	4 1934
20 UNDERTAKER			ADDRESS	11
1111/1/11	wo	10	Mu	rate

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed bork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhold fover (never report "Typhold Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH	09384 STATE OF	
County Ceel	CERTIFICATE	97 -
Solt 20	Registration	
Village or City lettern flet (No. Les  2FULL NAME  West	denkall Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	DF DEATH
3 SEY A COLOR OR PACE   5 SINGLE,	16 DATE OF DEATH	
Wilowed. Single (Write the word)	· lugust	22 , 192 / (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I att	
(legust 22 1931	7192 to	, 192
(Month) (Dsy) (Year)	that I last saw halive on	, 192,
7 AGE     If LESS than	and that death occurred on the date stated	above, atm,
l dayhrs.	The CAUSE OF DEATH * west as follows	D .
mosds. ormin.?	Sitte	2 Com
(a) Trade, profession or	10 Mess	Ranu
particular kind of work  (b) General nature of industry	aul y any	0
business, or establishment in	accident	y18da.
which employed or (employer)	Contributory	
(State or country) Matelland	Secondary	
TIO NAME OF A A A	(Dyrstion)	yrsmosds.
FATHER Larraed Loy Menley to	8 7 9 3 3 1	M. D.
II BIRTHPLACE	(Address)	, occurre
Z (State or country) // Wellaws	*State the Disease Causing Death, Violent Causes, stats (1) Mesns of In	or, in deaths from jury and (2) Whether
U 12 MAIDEN NAME 1/2 /	Accidental, Suicidal or Homicidal.	
of MOTHER Helew Claderesu	ients or Recent Residents)	tare, institutions, if any
13 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds.	eyrsds,
(State or Country)	Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?	99000000000000000000000000000000000000
(Informant)	usual res.dence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)		, 19
Filedlug 25 1931 & Frans France	20 UNDERTAKER	ADDRESS
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V.	S. I.o. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Sulesman, (b) Grocery; For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISE EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemiz cerebrosical meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobiar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrlage, (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases Chronic interstitial nephritis, Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as cough; " "Marasmus, " "Old Age, " "Shock, Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B

i	PLACE OF DEATH	09386 STATE OF MARYLAND
	County Lecie	CERTIFICATE OF DEATH
	1 0	Registration Dist. No. 95
	Village or City Rent Modelle Tell	St; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME STORGE ALLIANS V	were the street and someth.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Whele Singles MARRIED, WIDOWED OR DIVORCED (Write the word)	Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
	acy 24 193/	that I last saw hemalive on and 24 , 1967,
	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
-	OCCUPATION (a) Trede, profession, or	Frynaluse - (Infacil)
	particular kind of work  (b) General nature of industry business, or establishment in	Stillborn (Duration) yrs. mes. 62
	which employed (or employer)	
	(State or country Rundaudock Suf	Secondary
	10 NAME OF FATHER TO THE PARTY	(Signal) Court for Tart , M 1/2
	11 BIRTHPLACE O	acy 2 197/ (Address) Lebsory hor ded
	To State or country out DE perit well  12 MAIDEN NAME  C 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER Lora E. abrokaus	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  Ray - Direct Med	At place in the of death yrs. mesde. State,yremee. ds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) 1/20 / fune / factor)	Former or assist residence
	(Address) Futtendrick read	HORACE OF BURIAL OR REMOVAL DATE OF BURIAL
	16	29 UNDERTAKER ABORESS
	Filed Quy 25 198 May No REGISTRAR	J.C. Tyson, Resingsen Inc
1	mil sissif rages harts are monded riddress that Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1

from Den olivi to "Stillion 10/0/31 charging

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Cieil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tiphhoid fever (never report "Typhoid pneumonia," Lobar incumoria. Pronchopneumonia of lungs, menin-

and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from child-"Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness, lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease eausing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere etc., when a definite disease can be ascertained as the "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant meoplasms); Measles; Whooping 

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Sept 3 1631	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REFERENCE S	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09388
1. PLACE OF DEATH,	92-0
County Cecpl	Registration Dist. No. 95
Village or City Colora	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
11	s ds. How long in U.S. if of foreign birth?
2. FULL NAME Corner Comeron	- Celder
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 20 193/ (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Katherium Taylor Reader	12. I HEREBY CERTIFY, That I attended deceased from 1921, to any 20, 19.6.
6. DATE OF BIRTH (month, day, and year) Feb 1920 1868	/ last saw h. Line aliva on and
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
63 6 1 ay,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	- mitral Regargetation Bost Kind
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and year) Case 20 1931 ccupation lightness	8
12. BIRTHPLACE (city or town) Couls Commanylas (State or country)	Other Contributory Causes of importance:
13. NAME William Harvey Rocker	
13. NAME Holliam Harvey Reeder	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?_ 240
15. MAIDEN NAME Margaret Cegmory	23.1f death was due to external causes (VIDL ENCE) fill lp also tha following:
15. MAIDEN NAME Margaret Cameron  16. BIRTHPLACE (city or town), Deel Cer Maryla  (State or country)	Accident, suicide, or homicide? Date of injury,19
(State er country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Marion & The maryle	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place West nottinghan Date Que 23, 198	Manner of Injury
10 HADEDTAKED JEJYSON,	24. Was disease or Injury In any way related to occupation of deceased? 220
19. UNDERTAKER  (Address)  Reserry Sun and	If so, specify
20. FILED aug 22, 1931 Miss L. Worthingto	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	- 10
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SFP 2 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago
Cerebral hemorrhage	RUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

>	V. S. No. 1		ARGIN	RES	ERVE	e e	MARGIN RESERVED FOR BINDING
ż	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	WITH	UNFADIN	NI DI	K-TI	IIS	IS A PERMANE
1	mation should be carefully supplied. AGE should be stated EXACT	fully su	ipplied.	IGE 5	plnous	pe	stated EXACT
7	CAUSE OF DEATH in plain terms, so that it may be properly classified	n plain	terms, so	that i	t may	be	properly classifie
1	TION is very important. See instructions on back of certificate.	nt. See	instruction	o suc	, back	of c	ertificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
County Cecil	Registration Dist. No. 93
Village or City ElMon (1)	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?mos ds.
2. FULL NAME Cleu Josephine	Shuster
(a) Residence: No.	St., Ward.
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manied	21. DATE OF DEATH  (Mogth)  (Day)  (Year)
5a. If married, widowed, or divorced married HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of George C Struster	aus 1 - 1931, to aug 2 - 193
6. DATE OF BIRTH (month, day, and year) Sept 15 1867	I last saw h - G alive on Quy 2 , 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2
63 10 17 f day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or postinutes	Data of onset
o. Trade, profession, or particular kind of work done, es SPINNER, Howeverle SAWYER, BOOKKEEPER, etc.	Coultras
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	C Mari
SAW MILL, BANK, etc	and o
O this occupation (month and spant in this year)	
EONA RS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	
13. NAME Truethy Cotter	Cleven 17 Epholis
13. NAME / worthy Cottes  14. BIRTHPLACE (city or town) County Cork	Neme of operation
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Inlia Murray	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE City or town) County Port	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT George C Shruster (Address) Elkton mid.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Elkton Collection Court Dete Cley 6, 1931	Nature of injury
19. UNDERTAKER 27 W. Pippine	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED CLICA 4 1931 J. Hank Franz ar	(Signed) (Signed) (M. D.
Registrar.	(Address) 244
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mede of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 4 1931	1915	Attack of epilepsy	1 week ogo
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	RUREAU V.S.	July 5,1927	Peritonitis	3 days ago
	The second secon	**		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gostroenteritis	1 yeor

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

of OCCUPA.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

09390

1. PLACE OF DEA	ГН			(23)	
CountyC	cil			Registration Dist. No. 96	
Village or CityE			(If	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and num.  21 ds. How long In U.S. if of foreign birth? yrs. mos.	Ward
2. FULL NAME				-1376007	
				CoSty Va. Ward.  If nonresident give city or town and State	e
PERSONAL AN	D STATISTI	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  August 20 (Month) (Day)	3 1
5a. If marriad, widowed, or divo HUSBAND of (or) WIFE of	rcad			22. I HEREBY CERTIFY, That I attended deco	eased from
6. DATE OF BIRTH (month, day	( and year)			Sep tember 30 19 25 , to August 20, 19 last saw h.im alive on August 20, 19319 ; de	
7. AGE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 7:10. Bo Mo	411113 3414
8. Trada, profession, or pa kind of work dona, SAWYER, BOOKKEE	as SPINNER,	Farmer	y ornnn.	Tuberculo sis Pulmonary, chronic,	ate of onset
9. Industry or business in work was dona, as S SAW MILL, BANK, e	which			advanced active U	nknow
10. Data deceased last wor this occupation (more year)	kad at	11. Total t spa occ	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) (Stata or country)	Virgin	ia		Other Coutributory Causes of importance: Spontaneous Pneumothorax (Empyema)	Mont
13. NAME Unknow	m				
13. NAME Unknow  14. BIRTHPLACE (city or to (State or country)	wn) Unk	nown		Name of operation Date of Was there an autop	eu? Yes
15. MAIDEN NAME	Unknown			23. If death was due to external causas (VIOLENCE) fill In also the following:	3):
15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)	wn) Un	known		Accident, suicide, or homicide? Date of Injury	, 19
	ital rec Perry Po			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR R	EMOVAL	Date Aug.	21 19 31	Manner of injury	
19. UNDERTAKER (Address)	///adu	n Mitche	chill	24. Was disease or injury in any way related to occupation of deceased?	
HE		1711/10 11/1		(Signed) F. E. Parlie	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: 1 \*

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEF 2 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	irilis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	SURFALL	July 5,1927	Peritonitis	3 days ogo
	1			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				- 2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09391
1. PLACE OF DEATH ,	(201) m
County Geogle	Registration Dist. No.
Village or City Surgerly Mid	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME Linknown	Said to be of Sampa, Fla.
(a) Residence: No. (Usual place of abode)	St., Ward. Melenown If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet lattended deceased from
) = 6	
6. DATE OF BIRTH (month, day, and year) Multiple of the Control of	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Fractured skyll and 8/4/3/ broken neck riding on top of Fright Cap Other Contribusory Comments
12. BIRTHPLACE (city or town) (State or country)  Nuknuvvv .	7 Midney Tray
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation.  What test confirmed diagnosis?  Wes there an autopsy?
	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? accident Date of Injury 8/4, 193!  Where did Injury occur? Mamensi bridge, New Castle
17. INFORMANT(Address)	Specify whather injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.  On Top of vox car - 13 40. 1.
18. BURIAL, CREMATION, OR REMOVAL Place Patters Field Date aug 8 , 1931	Manner of Injury while walking on box car.
19. UNDERTAKER a. J. abomathy (Address) Enton Roll	24. Was disease or injury In any wey related to occupation of deceased?  If so, specify
20. FILED WING 5 , 1931 J. Bause Frages.	(Signed) + Mary Frances M. D.  (Address) Zescton   M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis BUREAU V.	B. 1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH County Cil	09392 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elkton (No. 2)	Registration Dist. No.  Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH aug. 30 , 1983
6 DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year)
7 AGE    Syrs.   mos.   ds.   or   min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BIST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed April 1931  1931  1931  1931  1931  1931  1931	(Duration)  (Durat
If more banks are needed, address tate Registrar	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census : nd American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. definite salary), may be entered as Housewife, Househousehold only (not raid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Tor man," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e g. . Farmer or Planter, laborer, Foreman, (b) Automobile factory. The materia or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation If the occupation has been changed not gainfully em-(6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal furet (the only definite synonym is "Epidemia cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); I juid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E haustion," "Heart failure," "Taemorrhage," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods County-Registration Dist. No. Village or City of occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds .- How long by U.S. if of foreign birth? Length of residence in city or town where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abcde) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL BINDING 5a, If married, widowed, or divorced HUSBAND of That I attended deceased from for) WIFE of H 6. DATE OF BIRTH (month, day, and year) rtificate properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at FOR The PRINCIPAL CAUSE OF DEATH and related causes of importance min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. RESERVED 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc. 11. Total time (years) spent in this IO. Date deceased last worked at this occupation (month and occupation instructions UNFADING Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Mult carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ...... Date of injury ...... DEATH 16. BIRTHPLACE (city or town (State or country Where did Injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S./No. 1.

Ward

(Year)

death is said

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	o manufacture on		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

II to the second	00004
PLACE OF DEATH	STATE OF MARYLAND
County Cleck	CERTIFICATE OF DEATH
(	Registration Dist. No. 92
Village or City Ullian Hanspital	C4. WJ) (If death occurred l
	a hospital or institu
2FULL NAME Celefford of U	reboter stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
mole Colored (Widowed) (Write the word)	1990
6 DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
april 18 1917	1 2 3 192/ to any 4-, 192
(Month) (Day) (Year	that I last saw h Junalive on Cars 3 4, 192,
7 AGE   If LESS th	
I day h	rs. The CAUSE OF DEATH * was as follows:
B OCCUPATION A A	1.7
(a) Trade, profession or particular kind of work School boy	mite cearman
(b) General nature of industry	- Jack States
business, or establishment in which employed or (employer)	(Duration)yremosd
9 BIRTHPLACE	Contributory
(State or country) Mory land	(Duretion) Ayre, moe d
10 NAME OF FATHER	(Signed) Just Kulfmulf M. D.
11 BIRTHPI ACE	- 192 (Address) Clastran russ
OF FATHER Z (State or country) Perusa	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
U 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Daroles authory	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place / In the
(State or Country)	of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Cerceso Webster	usual residence
(Address) Ellelon and RDS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	- Clar Hell Centery ling ] , 13/
15 Filed Aug 5- 1922 Che Smuk Mouse	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from er,' etc., without muc record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart disease; not be

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state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrunt, Cook, Housemuid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Houseuife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Former (rehousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial cmployments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation Locomotive engineer, (b) Grocery,

BUREAU

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria [avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. "Uraemia, " "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvulor heart disease; Nomenclature Always qualify all not be

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